

Services Requiring Prior Authorization

Select Health Medicare

EFFECTIVE JANUARY 1, 2023

For items on the list below, access [online preauthorization forms](#) (there are separate forms for medical and psychological services and for services related to substance use). **Questions?** Contact Member Services at **800-538-5038**.

- Abortion procedures
- Acupuncture services
- Adenoidectomies
- All admissions to facilities, including rehabilitation, transitional care, skilled nursing facilities, and all hospitalizations that are not for urgent or emergency conditions
- Select **ambulance services** (such as non-emergency transportation by ambulance)
- Chiropractic services (after 10 visits)
- Cochlear implants
- Potentially **cosmetic procedures**, including (but not limited to):
 - Breast procedures (reductions, enlargements, tattooing, and/or reconstruction)
 - Bariatric or weight-loss procedures
 - Chest-wall procedures
 - Eye procedures
 - Facial surgeries
 - Liposuction and panniculectomy
 - Scar revisions
 - Vein procedures
- Continuous glucose monitors
- Dental services and oral appliances covered under Original Medicare, including any services related to the teeth or structures directly supporting the teeth
- Select **durable medical equipment (DME) prosthetics/orthotics, medical supplies, and implants** (but not limited to):
 - All DME items, prosthetics/orthotics, and medical supplies with purchase price greater than \$1,500
 - External defibrillators
 - Insulin pumps
 - INR monitors
 - Medication pumps
 - Speech devices
 - Vision aids
- Enteral nutrition
- Experimental or investigational services, except as provided under a Medicare-approved clinical trial
- Gender affirmation surgery
- Select **home health services**
- Home infusion therapy
- Hyperbaric oxygen therapy
- Hysterectomies
- Infertility services
- Select **injectable drugs and specialty medications**
- Joint replacements and autologous chondrocyte implantation of the knee
- Select **laboratory tests**
- Negative pressure wound therapy
- Neuropsychological testing, selected psychological services, and biofeedback
- Orthognathic surgery
- Outpatient diagnostic tests and procedures (in a provider office or outpatient facility), such as:
 - Select advanced bronchoscopy, endoscopy, and colonography procedures
 - Select advanced cardiac imaging
 - Select advanced imaging (MRI and CT scans)

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- Advanced radiation and proton beam treatments
- Genetic testing
- Select Positron Emission Tomography (PET) scans
- Pain management
- Select **prescription drugs**
- Rehabilitation therapy services as follows:
 - Physical therapy services exceeding 20 visits
 - Occupational therapy services exceeding 10 visits
 - Speech therapy services exceeding 10 visits
- Robotic procedures
- Sexual dysfunction treatments
- Select **spinal surgeries**
- Stimulators (external or Implantable for neuro, bone growth, and pain, except TENS units)
- Stereotactic surgery and radiosurgery
- Tonsillectomies
- Transplants
- Transcatheter valve replacements and other selected advanced percutaneous cardiac procedures